U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



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1. File Number U -				2. Fiscal Year Covered From:				
	5851	WARRY TO THE RESERVE			1/1	2004 Through	n: 1 / 1	2004
3. Name and addre	ess of person filing.			4. Name	file number, a	and address of labor or	ganization.	
Name Michael		Schaitberger		Name International Association of Fire Fighters				
				Labor	Organization F	ile Number 0000-3	1.7	
P.O. Box, Bldg., Room No., if any Suite 201			P.O. B	P.O. Box, Building and Room Number, if any Suite 201				
Street 1750 N	lew York Avenu	ing were the NW		Street	1750 New	York Avenue, N	00000000000000000000000000000000000000	
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State Distric	ct of Columbia	ZIP Code + 4	20006-5395	State	District	of Columbia	ZIP Code + 4	20006-5395
5. Position in labor	organization.	sistant to the						
	A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.				
grows are accommunities for an internal radio internal transfer and accommunity	6. Name and address of Employer (including trade name, if any).			N/A				
Name				occupant distribution of the contract of the c				***************************************
Trade Name, if an	19:	-industrial control of the state of the stat						A STATE OF THE STA
P.O. Box, Bldg., F	Room No., if any							
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City						Restructures to the second	entenne on the contract of the	
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State State		ZIP Code + 4					opman er den i representat i sande er er de er er de er	
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15. Signature a	report (including the	undersigned declare	s, under penalty of d in any accompany	Perjury an	ents), has bee	able penalties of the lavin examined by the sign	w, that all of the in natory and is, to th	formation e best of the
15. Signature a	report (including the	undersigned declare	s, under penalty of d in any accompany	Perjury an ying docum ection on pe	ents), has bee	n examined by the sigr instructions.)	w, that all of the in latory and is, to the	e best of the

Name of Person Filing Michael Schaitberger		File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion						
10 If 0 b, or 0 a is absolved give trust or ampleyer's name	11.a. Nature of such dealir	ng.						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	N/A							
Street	11.b. Approximate dollar valu	e of such dealing.						
City	12.a. Nature of interest held	l or income received.	Exposit for passing facility transformation with water for users of annual passing CLL and the CLL and					
State ZIP Code + 4	N/A							
	12.b. Amount.							
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			-					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	N/A							
Street	Modern Commission		de de la constant de					
City	Single Control of the		Abanoviduolessee					
State ZIP Code + 4								
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.							